



## MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 201427944N)

Date : 03/02/2021

Your Ref : SHA6992Y

To : INDIA INTERNATIONAL INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE GBG2911Y & SHA6992Y ON 22/12/2020  
AT SHREWSBURY ROAD OUTSIDE UNIT NO. 84.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218016 @ S\$2,461.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,500.00 (5 Days x S\$300)
- 3) LTA Search @ S\$7.45
- 4) Section II Excess @ S\$1,070.00
- 5) Authorisation to Act
- 6) GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issue upon amount finalized.

Thank You.

Yours faithfully,



Sharon Chia

HP: 8121 1373

E-mail: mg3solution@gmail.com



## MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 20-1427944-N)

## PROFORMA BILL

Bill To:

**INDIA INTERNATIONAL INSURANCE PTE LTD**

64 CECIL STREET

#05-02 IOB BUILDING

SINGAPORE 049711

Bill No : 218016

Date : 03-February-2021

Vehicle Number : **GBG 2911Y**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 2,300.00
BEFORE GST		2,300.00
7% GST		161.00
TOTAL		\$ 2,461.00

**Tax Invoice will be issue upon amount finalised.**

*Please note that our above offer and any settlement arising from the above offer are made on a without prejudice basis with sole intention of resolving the matter amicably without parties resorting to legal proceeding. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. No reference shall be made to this offer or any settlement arising from this offer in any other related matters.*

Co's stamp & Authorised Signature

MG SOLUTION PTE LTD  
23 Kaki Bukit Ave 4 (South Wing) #02-03B  
Vicom Inspection Centre, Singapore 415933  
Tel: 6243 1373 Fax: 6243 1376  
Co. Reg. No. : 201427944N

### MOTOR CLAIM DISCHARGE

INSURED: 7 STALLIONS LOGISTICS PRIVATE LTD  
CAR/ LORRY/CYCLE: REG NO: GBG 2911Y POLICY NO: .....  
ACCIDENT CLAIM NO: .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. GBG 2911Y .....from the repairers,  
Messrs MG SOLUTION PTE LTD .....

And that all repairs necessary as a result of an accident in which the said vehicle was involved on or  
about the 22 day of 12 2020 have been completed to my / our satisfaction, and that  
I / we have no further claim on the above company in Respect thereof.

Date: ..... Signature: .....

Co's Stamp:  ..... NRIC No: .....

22/12/2020 - PRI  
25/12/2020 - Public Holiday

Vehicle In - 22/12/2020  
Vehicle Out - 26/12/2020  
LOU - 5 days x \$300  
= \$1,500



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 22 Dec 2020 / 14:32:56

Receipt Date/Time : 22 Dec 2020 / 14:32:56

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-201222-002663

Previous Receipt No. :

**S/N Item Description/**

**Business Transaction Reference  
No.**

<b>Amount Before GST (S\$)</b>	<b>GST Amount (S\$)</b>	<b>Amount After GST (S\$)</b>
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Result of Insurance Enquiry - SHA6992Y

As at 22 Dec 2020/11:45:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SHA6992Y

Enquiry Fee

20201222143205553954

7.00	0.49	7.49
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**Sub-Total**

7.00	0.49	7.49
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**Total Before Rounding**

7.00	0.49	7.49
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**Rounding Difference**

0.04

**Total Amount Payable**

7.45

Paid By

20201222143214197

Direct Debit: eNETS Debit  
(Internet Banking)

7.45

Total

7.45

Cash Change

0.00

Tendered Amount

7.45

Excess Refundable Amount

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.





**PROFORMA INVOICE (EXCESS RECOVERY)**

Date: 05/01/2021

**7 STALLIONS LOGISTICS PRIVATE LTD.**  
**53 EASTWOOD ROAD**  
**HOMES AT EASTWOOD ROAD**  
**SINGAPORE 539123**

**Our Claim Reference** : M2006338  
**Policy No** : MS009390  
**Our Insured's Vehicle No** : GBG2911Y  
**Date of Accident** : 22/12/2020  
**Place of Loss** : Shrewsbury Rd  
**Third Party Claimant** : SHA6992Y

<b>PROFORMA INVOICE</b>	
<b>DESCRIPTION</b>	
Being policy excess payable	
Section II Excess	: \$1,000.00
Plus GST at 7%	: \$ 70.00
<b>Total</b>	<b>: \$1,070.00</b>

Please let us have your payment within the next 1 month of this proforma invoice. A tax invoice receipt will be issued once payment is received.

You may effect payment via the following modes:

1. **Cheque:** issue cheque payable to "Tokio Marine Insurance Singapore Ltd" and send the same to our office (address as per our letterhead above). Kindly quote our claim reference at the back of the cheque.
2. **Bank Transfer:** The Hongkong and Shanghai Banking Corporation Limited (HSBC)  
A/C No: 141-011783-001 | A/C Name: Tokio Marine Insurance Singapore Ltd.  
Kindly quote our claim reference on the payment screen and send us a payment screenshot to [roland.heng@tokiomarine.com.sg](mailto:roland.heng@tokiomarine.com.sg) after your direct payment is effected.
3. **PayNow:** you can either scan the PayNow QR Code or choose Unique Entity Number and key in our UEN: 192300014MSD2. Kindly quote our claim reference on the payment screen and send us a payment screenshot to [roland.heng@tokiomarine.com.sg](mailto:roland.heng@tokiomarine.com.sg) after your direct payment is effected.
4. **Cash:** at our office (address as per our letterhead above).

Thank you.

Yours Faithfully,

**Roland Heng**  
Motor Claims Department  
DID: 6592 6400 | Email: [roland.heng@tokiomarine.com.sg](mailto:roland.heng@tokiomarine.com.sg)



This is a computer generated document. It requires no signature.

**Tokio Marine Insurance Singapore Ltd.**

(Company Reg. No. 192300014M) (GST Reg. No. M2-000023-4)

20 Macalust Street #09-01 Tokio Marine Centre Singapore 069046

T (65) 6 221 6111 F (65) 6 221 4355 / (65) 6 224 0895 E:tmis@tokiomarine.com.sg W: www.tokiomarine.com

**TOKIO MARINE**  
INSURANCE GROUP

FORM MZ301

**Certificate of Insurance****MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)**  
**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960**  
**ROAD TRANSPORT ACT, 1987 (MALAYSIA)**  
**MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

Policy No.: 20-MS009390-R01 (Comm Vehicle Carry Other Goods)

1. Index Mark and Registration Number of Vehicle GBG2911Y Chassis No.: KDH2010199523
2. Name of Policyholder 7 STALLIONS LOGISTICS PRIVATE LTD.
3. Effective date of the Commencement of Insurance for the purposes of the Act 02/08/2020
4. Date of Expiry of Insurance 01/08/2021
5. Persons or Class of Persons entitled to drive\*
  - (1) Whilst the vehicle is being used in connection with the Policyholder's business - Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.
  - (2) Whilst the vehicle is being used for social domestic or pleasure purposes - Any person who is driving on the Policyholder's order or with their permission.

\* Provided that the Person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**6. Limitations as to use\***

- 1) Use in connection with the Policyholder's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- 3) Use for social domestic and pleasure purposes.

The Policy does not cover:-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Account: 1803DDA

Insurance Plan:	Comprehensive Other Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 1,000
	Excess-Third Party (Sect II) SGD 1,000
	Windscreen Excess SGD 100
Financial Interest:	UNITED OVERSEAS BANK LIMITED



LETTER OF AUTHORITY

Name : 7 STALLIONS LOGISTICS PRIVATE LTD

Address : 53 EASTWOOD ROAD  
SINGAPORE 486536

Contact No : \_\_\_\_\_

TO: INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING GBG 2911Y AND SHA 6992Y ON 22/12/2020  
AT/ ALONG SHRENSBURY ROAD OUTSIDE UNIT NO. 84.

I/We, 7 STALLIONS LOGISTICS PRIVATE LTD, am/are the registered owner of  
motor car no. GBG 2911Y

Please note that I have assigned all compensations monies due to me/us in the above said accident  
to **M/S MG SOLUTION PTE LTD.**

I/We, hereby authorize you to release all compensation monies pertaining to the above-mentioned  
accident to **M/S MG SOLUTION PTE LTD** and forward your settlement cheque to **M/S MG SOLUTION  
PTE LTD** whom I had authorized to collect the said compensation monies.

Thank you



\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Witness By

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	22/12/2020 15:05 (SGT)
Date of Accident	22/12/2020 11:45 (SGT)
Exact Location of Accident	Shrewsbury Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2911Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	7 STALLIONS LOGISTICS PRIVATE LTD
Company Reg No	2XXXXX078W
Email Address	MG3SOLUTION@GMAIL.COM
Mobile Phone No	(Phone) +65-94348919
Alternative Phone No	+65-94348919

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	20-MS009390-R01
Cover Note Number	-

### DRIVER

Name of Driver	LAY BOON KWEE (LAI WENGUI)
NRIC No	SXXXX968I
Date Of Birth	16/08/1972
Occupation	Indoor



Date Of Driving Pass	04/12/1998
Driving experience	22 YEARS
Gender	Male
Mobile Number	(Phone) +65-94348919
Alt. Phone Number	-
Email Address	MG3SOLUTION@GMAIL.COM
Address	BLK 234 LOR 8 TOA PAYOH #07-284
Address complement	-
Postcode	310234
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA6992Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage  
Details of property damaged in accident  
No. of Passenger (Including Driver)

-  
-  
-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LAY BOON KWEE (LAI WENGUI)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	GBG2911Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and consent that:  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [Form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/postal packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims, collectively the "Purposes";  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be based outside of Singapore, for one or more of the above Purposes.



Policyholder Signature, Date & Time

Sketch Plan

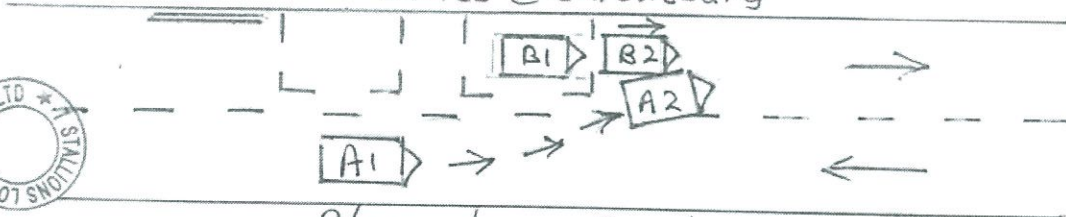
Driver's Signature of driver in the motor vehicle & Date & Time

Witnessed by: Witnessing Centre Personnel



No 84  
Suites @ Shrewsbury

Shrewsbury Road



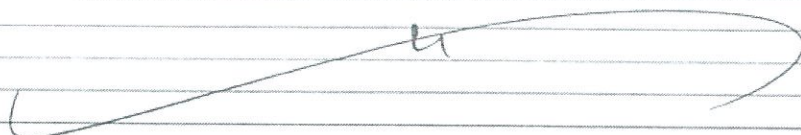


## Describe Circumstances of the Accident

On 22/12/2020 at about 1145 hrs at along  
 Strewsbury Road outside Unit No. 84. I was  
 travelling on the above mentioned road and while  
 overtaking a stationary parked Vehicle (B), suddenly  
 Vehicle (B) moved forward without proper lookout  
 and hence collided onto my left Front Portion of  
 my Vehicle (A) causing damages to my vehicle.

(A) GBG 2911 Y

(B) SHA 6992 Y



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## Declaration

(We declare the foregoing particulars are true in every respect)



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel